

Instructions For Visitors Filling Out This Application

This is an application to visit a prisoner in a Michigan correctional facility. All lines in boxes A and B must be answered. If a line does not apply, write Not Applicable on the line. ALL questions in Section C must be checked YES or NO. If you check YES, you must supply the requested information. All entries on this form must be clearly printed and legible. This form must be legibly signed and dated as indicated in Section D. Forms that are not legible will not be processed. Section E must be completed if applicant is a minor. Do not complete Section F. The completed form can be mailed or delivered to the institution you are requesting to visit. DO NOT MAIL IT TO THE PRISONER. Including a Self-Addressed-Stamped Envelope when this application is returned will ensure that you receive notification of your approval or denial to visit. Without a Self-Addressed-Stamped Envelope, you will be notified only if your application is denied.

YOUR DRIVER LICENSE #: _____ / _____ OR State ID #: _____ / _____
(State) (Number) (State) (Number)

Your Name (Please print):

(First) (M.I.) (Last)

Your Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Prisoner Name:

A

(Last) (First) (M.I.)

Prisoner Number: _____

Your Date and Place of Birth: _____ / _____ / _____ (City) _____ (State) _____
(Mo./Day/Yr.)

List ALL other names you have used (including aliases, maiden name, and names by previous marriages):

CHECK ONE:

(Last) _____ (First) _____ (M.I.) _____

☐ MALE

B

(Last) _____ (First) _____ (M.I.) _____

☐ FEMALE

(Last) _____ (First) _____ (M.I.) _____

Your relationship to the prisoner: _____ (You are the parent, grandparent, stepparent, spouse,
child, sibling, friend, father/mother-in-law, aunt/uncle, stepchild, grandchild, stepbrother/sister, etc.)

Are you a Michigan Department of Corrections employee? ☐ YES ☐ NO Work Location: _____

Are you a prisoner or a former prisoner who was incarcerated in a state or federal prison in any jurisdiction? ☐ YES ☐ NO

If so, what City & State _____ Date _____

Ever been restricted from visiting a prisoner? ☐ YES ☐ NO Prisoner Name/Number _____

Date & Reason for Restriction _____

C

Are you currently on Parole / Probation for a felony? ☐ YES ☐ NO What City & State _____

Have you ever been convicted of a FELONY? ☐ YES ☐ NO When (Mo./Yr.) _____ City & State _____

Charge _____ (List all convictions • use additional paper if necessary)

I SUBMIT THAT ALL OF THE INFORMATION IS TRUE:

SIGNATURE OF ADULT VISITOR APPLICANT

DATE

D

TO BE COMPLETED IF VISITOR IS A MINOR

I submit that above named minor is a child, stepchild, grandchild, sibling, half-sibling, or step-sibling of this prisoner. I also understand that all children must be accompanied by an adult immediate family member or a legal guardian unless proof of emancipation can be shown.

E

I SUBMIT THAT ALL OF THE INFORMATION IS TRUE:

SIGNATURE OF THIS CHILD'S NON-INCARCERATED PARENT, OR LEGAL GUARDIAN

NOTE: A COPY of the minor's birth certificate, certificate of adoption or court order establishing paternity must be submitted with this application. These copies of documents will not be returned, but will be destroyed when the verification process is complete. An original or a certified true copy of birth certificate, certificate of adoption, a court order establishing paternity, or a valid picture ID of the minor must be presented at each visit.

STAFF USE ONLY – (Please Type or Print Legibly)

Facility MDOC Visiting Application processed at: _____

Checks completed: ☐ On visitor list ☐ PSI Reviewed ☐ LEIN completed ☐ Application complete Date received: _____

Signature of Reviewer _____ Date _____

Application: ☐ APPROVED ☐ DENIED Approved / Denied by _____

You have been denied access to a corrections facility because of the possibility of an outstanding warrant for your arrest or an unfavorable criminal history record.

☐ You may inquire about outstanding warrants by appearing at a police department and presenting identification.

☐ If you believe the criminal history information is in error, you may contact the Michigan State Police Criminal Justice Information Center at (517) 322-1956 to request a record review. There is a charge for this service.

Other Reason for Denial: _____

Other Comments: _____

Entered in Visitor Tracking: _____

(Initials)

(Date)

F

NOTE: If form copied from the MDOC Website. Duplication and distribution by reviewing facility is required after the approval process is complete.

Distribution: ☐ Institution Record Office File ☐ Counselor File ☐ Information Desk ☐ Visitor